IFW

| *Effective on 12/08/2004.* *Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).* | *Complete if Known* | |
|---|---|---|
| # FEE TRANSMITTAL ## For FY 2006 | Application Number | 10/573,989-Conf. #9161 |
| | Filing Date | March 30, 2006 |
| | First Named Inventor | Heinz Von Der Kammer |
| | Examiner Name | K. T. Hiriyanna |
| ☐ Applicant claims small entity status. See 37 CFR 1.27 | Art Unit | 1633 |
| **TOTAL AMOUNT OF PAYMENT** ($) 0.00 | Attorney Docket No. | 37998-237373 |

## METHOD OF PAYMENT (check all that apply)

☐ Check  ☐ Credit Card  ☐ Money Order  ☐ None  ☐ Other (please identify): _____

☒ Deposit Account  Deposit Account Number: 22-0261  Deposit Account Name: __Venable LLP__

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below  ☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  ☒ Credit any overpayments

## FEE CALCULATION

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
|---|---|---|---|---|---|---|---|
| **Application Type** | **Fee ($)** | **Small Entity Fee ($)** | **Fee ($)** | **Small Entity Fee ($)** | **Fee ($)** | **Small Entity Fee ($)** | **Fees Paid ($)** |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | _____ |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | _____ |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | _____ |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | _____ |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | _____ |

### 2. EXCESS CLAIM FEES

| Fee Description | Fee ($) | Small Entity Fee ($) |
|---|---|---|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

| Total Claims | Extra Claims | Fee ($) | Fee Paid ($) | | Multiple Dependent Claims | |
|---|---|---|---|---|---|---|
| | | | | | **Fee ($)** | **Fee Paid ($)** |
| _____ - 20 = _____ | x _____ | = _____ | | | _____ | _____ |

HP = highest number of total claims paid for, if greater than 20.

| Indep. Claims | Extra Claims | Fee ($) | Fee Paid ($) |
|---|---|---|---|
| _____ - 3 = _____ | x _____ | = _____ | |

HP = highest number of independent claims paid for, if greater than 3.

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is $250 ($125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee ($) | Fee Paid ($) |
|---|---|---|---|---|
| _____ - 100 = _____ | /50 _____ | (round up to a whole number) x | _____ = | _____ |

### 4. OTHER FEE(S)

Fees Paid ($)

Non-English Specification, $130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____  _____

## SUBMITTED BY

| Signature | *Kavita B. Lepping* | Registration No. (Attorney/Agent) | 54,262 | Telephone | (202) 344-4000 |
|---|---|---|---|---|---|
| Name (Print/Type) | Kavita B. Lepping | | | Date | March 6, 2007 |

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Von Der Kammer et al.

Art Unit: 1633

Application No: 10/573,989

Examiner: K. T. Hiriyanna

Confirmation No: 9161

Filed: March 30, 2006

Atty. Docket No: 37998-237373

Customer No:

For: DIAGNOSTIC AND THERAPEUTIC USE OF A SULFOTRANSFERASE FOR NEURODEGENERATIVE DISEASES

26694
PATENT TRADEMARK OFFICE

## RESPONSE TO RESTRICTION REQUIREMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Restriction Requirement as set forth in the Office Action of February 12, 2007, Applicants elect Group IV. Group IV contains claims 11-13, 16- 25-26 and 29, directed to a method of screening for a modulator of neurodegeneration diseases or related diseases or disorders.

It is not believed that any fees are due with the filing of this paper. In the event that any such fees are due, the Office is authorized to charge deposit account no. 22-0261 and notify the undersigned accordingly.

Dated: March 6, 2007

Respectfully submitted,

By _Kavita B. Lepping_
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